FEDERAL BUREAU OF INVESTIGATION FOI/PA DELETED PAGE INFORMATION SHEET FOI/PA# 1208144-0

Total Deleted Page(s) = 1 Page 8 ~ b7D; b7E;

Iemorandum

TO SAC, CHICAGO (92-350-Sub 24)

DATE: 12/18/72

FROM: SUPERVISOR b6 b7C

b6 b7C

SUBJECT: RACKETEER PROFILE PROGRAM

CHICAGO DIVISION

In connection with captioned matter, the following Chicago hoodlums are being designated for inclusion in this program:

Subject	CG File No.	Agent Assigned
ACCARDO, ANTHONY JOSEPH	92-344	
AIUPPA, JOSEPH	92-677	1
ALBANO, EUGENE	92-2506	
ALEX, GUS	92-373	
AMATO, JOSEPH	92–2282	
ARIOLA, SAM	92-2282 92-2781	
ARNOLD, JOSEPH		FORD. F.
AMODD, JOSEPH	92-1339	
D. 67110		
BACINO, PHIL	92-1947	
	92-2374	
	92-2231	
	92-2325	
	92-2249	
BLASI, DOMINIC, aka	92-1322	
"Butch"	- <u> </u>	
BRANCATO, DOMINICK	92-946	KEMPFF
BRIATTA, LOUIS	92-1372	ALTPEP
BUCCIERÍ, FIORE	92-1372	
BUCCIERI, FRANK		
DIOVACIITA TARRAMA	92-1998	
BUONAGUIDI, LAWRENCE	92-2011	

Agents to whom these cases are assigned are requested to promptly execute the appropriate Racketeer Profile Forms which will be transmitted to the Bureau by SA ROBERT L. MALONE, coordinator of this program.

1 - C-1 Tickler

1 - C-10 Tickler

1 - SA MALONE Tickler

1 - Each Case Listed Above

(22)



92-2011 Sub- A-SEARCH SERIAL I

Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

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Organized Crime & Racketeering Section Criminal Division United States Department of Justice RACKETEER PROFILE



AGENT AND	SUBJECT IDENTIFICATION *DATE*
	NAME OF PERSON SUBMITTING INFORMATION
	AGENCY FIELD OFFICE b7C
DATE `	/YR: 7 2 /MO: / 2 /DY: 2 / /AGN: F BI /FLD: 6 / MAGN
	OFFICE PHONE NUMBER
	PHN NEW*> *MOD*
	VERIFICATION SUBJECT'S IDENTIFIER
NEW	/VER: [/ 10EN: 65E]
OR	NAME OF SUBJECT /
MOD	WAME BRADILLA LA WRENCE MMN
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	ALIAS *ALIAS* *ADD*ALIAS* *CHG *ALIAS*
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	NICKNAME *NKNM* *ADD*NKNM* *CHG *NKNM*
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ADDITIONAL	SOURCE OF INFORMATION *INFO* *ADD*INFO* *CHG *INFO*
	NAME OF PERSON IN AGENCY TO CONTACT
	/NAMES
	TITLE OF ABOVE INDIVIDUAL /TITLE:
	DIVISION EMPLOYED BY
	/DIV:
	AGENCY NAME
	CITY WHERE AGENCY IS LOCATED
	/CITY: _
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	AGENCY NAME
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FBI - CHICACO	<u> </u>	

15 Legitimate Enterprise	18	Description	2 2000		
•		Race	Complexion	Build	
~		01 White	01 Light	01 Small	
		02 Negro	02 Ruddy	02 Slight	
		03 Other	03 Dark	03 Slender	
			04 Olive	04 Stocky	
			05 Swarthy	05 Heavy	
		1	•	06 Obese	
				07 Gross	
			ı	08 Medium	s
		Height	Weight		
		01 Up to 51,1"	01 Up to 120	ļ	
		025'2"-5'3"	02 121 - 130		
		03 5'4" - 5'5"	103 131 - 140	1	
		04.5"6" - 5"7"	04 141 - 150		
		05 5'8" - 5'9"	05 151 - 160		
1	1	'06 5' 10" - 5' 11"	06 161 - 170		
16 Illegal Activity		07 5' 11" - 6'	07 171 - 185		
) ja		08 6' 0" - 6' 1"	08 186 - 200	ı	
		09 6" 1" and over	r 09 Over		
	19	Areas of Activity	y Other Than Origin C	ffice	
		(Use the initials	s of office)		
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	20	Places Frequent	red ·		
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17 Nicknames and or Alias		**************************************			
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Remarks:		······			

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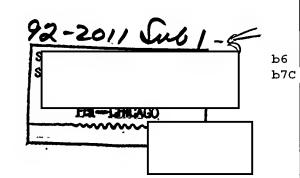
VITAL STATI	STICS ON SUBJECT *BIRTH* *ADD*BIRTH* *CHG *BIRTH*
	VERIFICATION CITY WHERE SUBJECT WAS BORN
BIRTH	/VER: D CITY: CHICAGO
DIKITI	STATE (R) ZIP CODE DATE OF BIRTH CITIZENSHIP (R)
	/ST: IL/ZIP: 60600/FYR: / 5/FMO: / 2/FDY: / 5/CIT: US
	VERIFICATION CITY WHERE SUBJECT DIED
DEATH	STATE (R) ZIP CODE DATE OF DEATH
Dartiii	/ST:
	CAUSE OF DEATH
	/DEAD:
PHYSICAL D	ESCRIPTION PHYS *ADD*PHYS* *CHG PHYS*
	VERIFICATION - MENTAL OR PHYSICAL HEALTH PROBLEM HAIR COLOR (R)
	/VER: CHAIR: 8 POW/
	HEIGHT FINGERPRINT CLASSIFICATION (R) HEIGHT FINGERPRINT CLASSIFICATION (R) EYE COLOR (R) /EYE: BROWN
	PHYSICAL MARK, SCAR, ETC. (R) COMPLEXION (R) WEIGHT
	MARK /CMPLX: DARK /NT: 1200
PHYS	RACE (R) BUILD (R)
	/RACE CAUCASIAN/BLD: HEAVY
	PHYS *ADD*PHYS* *CHG *PHYS*
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i	/VER:
	MENTAL OR PHYSICAL HEALTH PROBLEM -
SUBJECT'S F	RESIDENCE/TELEPHONE ADDRED *ADD*ADDR* *CHG *ADDR*
OCEOLOT O 1	APARTMENT, HOTEL, OR PRISON NAME
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	STREET NUMBER STREET NAME VERIFICATION
	/STNBR: 5235 STNM: SHERIDAN RD N /VER: WERE
ADDR	CITY OF RESIDENCE STATE (R)
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EDUCATION	/
	VERIFICATION ATTENDANCE DATES
	/VER: A 33222 /FYR:
	NAME OF SCHOOL
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	STREET NUMBER STREET NAME /STNBR: /STNM:
ED	CITY WHERE SCHOOL IS LOCATED STATE (R)
	/CITY: CHIJCIAIGIO /ST: -
	ZIP CODE TYPE OF SCHOOL (R) HIGHEST GRADE COMPLETED (R
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ווסטטו יווי	KIND OF HOBBY
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HOBBY	/CITY:
	STATE (R) ZIP CODE ANNUAL COST (Dollars)
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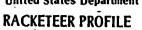


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AGENT AND	SUBJECT IDENTIFICATION *DATE*
	NAME OF DEPRON CHRISTING INFORMATION
ı	/SUB
DATE	DATE AGENCY FIELD OFFICE /YR: 73/MO: 03/DY: 27/AGN: F81 /FLD: E
	OFFICE PHONE NUMBER
	/PHN:
	*NEW ² CMUD**)
NEW	VERIFICATION SUBJECT'S IDENTIFIER
NEW	/VER: /IDEN: 65E
MOD	NAME OF SUBJECT NAME BRADII, LAWRENCE NMN
MOL	SEX (M of F) MARITAL STATUS (R) MAIDEN NAME OF SUBJECT
	/SEX: /STAT: /MDN:
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	DATE INVESTIGATION BEGAN DATE INVESTIGATION CLOSED
CINV	/FYR:
	TYPE OF INVESTIGATION AGENCY INVESTIGATING /TINV: /AGYI: /AGY
ADDITIONAL	/TINV:
ABBITIONAL	NAME OF PERSON IN AGENCY TO CONTACT
	/NAME:
	TITLE OF ABOVE INDIVIDUAL
	/TITLE:
	DIVISION EMPLOYED BY
	AGENCY NAME
	/AG:
	CITY WHERE AGENCY IS LOCATED
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	STATE (R) ZIP CODE LEVEL OF GOVERNMENT (R) /ST: //ZIP: //LVL:
INFO	*INFO* *ADD*INFO* *CHG -*INFO*
	NAME OF PERSON IN AGENCY TO CONTACT
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<u> </u>	FORM CM-77
Namo: Rawelnce Bl	PAD VITAL STATISTICS
Date of Birth: 12-15-15 Place of Birth: City Chus	40 State Ellinois Zip Code
Citizenship: Country 45	Verification? (Page 10) No unned
from Illinois	Driven Lie, CPD records, USP records
Cause of Doath:	StateZip Code
Verification?	(Page 10)
Height: 56 F	Weight: 200 Eye Color: 6rows Complexion: medium: Carlo
Hair Color: Grown	Eye Color: Grown
Build: heavy	Complexion: medium Gark
Race: L/h/5	Physical Mark, Scar, Etc:
Mental or Physical	(A) Kind of wark
Health Problem:	(B) Position (C) Body part
Verification? (p.10)	CC DOGA DOCA C
(For above, see page 22)	
Residence: Street Number 5233	5 N. Sheriday Road City Chicago
Name of Apartmont, Hotel or Pri	son: Tides trotel
Apartment or Roca Number:	
Dates of Residence:	
Telephone Number (s)	
Verification? (Page 10)	
· Education: Commer Ich	
Name of School:	4
Address: Street Number	City Chicago
State	Zip Code
Type of School:	(p. 38)
Highest Grade Completed: S	(p. 18)
Major:	·
Attendance Dates:	
Verification?(p. 10) No very	1 co Tu d
Military Record: No military Servi	Highest Grade or Rank:
Dates in Service:	
. Branch of Service: (p. 22)	Type of Separation:
Military Occupational Specialty	
	Reserve Branch :
1	Highest Grade or Rank (Reserve)
1	92-2011 July 14
	Reserve Dates: Verification?
- Hobby:	The state of the s
Kind of Hooby:	
Where Hobby Takes Place: City	State Zip Code
Annual Cost:	





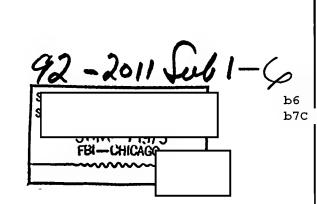


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BRAD RELATIVES POUSE ONLY) b6
Name of relative:
Maiden name of relative:
Sex F Marital Status Separated
Relationship to subject: wf
Subrelation to subject:
Verification: Z & V
City, state, and zip code where relative was born: Chicy, Il.
Date of birth:
Country of citizenship: US
Verification:
City, state, and zip code where relative died:
Date of death:
Cause of death:
Verification:
Dates of residence: 2/13 to dite
Name of apartment, hotel or prison:
Street address, city, state and b7 2ip code of residence:
Apartment or room number:

Telephone number(s):

Verification:





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	FORM CM-75 (Ed. 5-72)

·
Name: Lawrence Books Governor (Hangout) Name of Place requested: (BRADI) 92-20
Name of Place Frequented: (Hangout) 92-20
Type of Establishment: (see attached page)
Verification: (see attached page)
Street Address, City, State, and May & Ghard, Co. Zip Code Where Establishment is Located:
Frequency: (see attached page) daily
Average Length of stay: (in days)
Dates of Travel: 321-26/73
Name of Lodging: Stardust Hotel
Street Address, City, State, and Las Vegas Zip Code of Lodging:
Mode of Travel:
Name of Carrier:
Verification: (see attached page) D 9 I
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70 CM CM-79

BUDDASOID F Dates of Employment:
Name of Business Where Employed: unemployed & Gambling

Address, City, State, and Zip Code Where Employed:

Verification: (refer to attached pg. 1) Type of Business: (refer to attached pg. 1)

Job Title: Annual Income:

Type of Financial Holding or Obligation: (refer to attached pg. 2)

Verification: (refer to attached pg. 1)

Name of Business:

Street Address, City, State, and Zip Code Where Business or Real Estate is Located:

Type of Business: (refer to attached pg. 1)

Number of Shares: Percent(%) Control: Face Value or Principal: Annual Income: (from financial holdings)

Type of Bank Account: (refer to attached pg. 2) Verification: (refer to attached pg. 1)

Dates of Account: Account Number: Name of Bank: Bank Branch Name: Street Addre ss, City, State, and Zip Code of Bank: